

Purpose and Use

This reference guide is designed to help school personnel in taking safe, quick and effective action when students become suddenly ill or are injured at school. While prevention of illness and injury is the primary goal, personnel must be prepared to deal with emergencies when they occur.

This guide lists recommended procedures for handling sickness and injury. Each school district should review these procedures and gain

approval from the district’s local medical director or consultant.

Do not administer any medicines without medical approval and parental consent. Never leave an ill or injured student alone in a health room.

This guide should be near the first aid kit in the health room. In case of accidents or sudden illness, the school is responsible for giving immediate care and for notifying parents (or an

alternate adult). Responsibility for first aid and CPR should be clearly delegated to a person in each building, and all staff members should know who and where that person is. Designated staff should be trained in pediatric first aid and CPR.

- Reviewed and approved by:**
- **Washington State Department of Health**
 - **Office of Superintendent of Public Instruction, Health Services**
 - **Washington Chapter of the American Academy of Pediatrics**

Emergency Information on Each Student

Each school is required to file emergency information for each student. Files must be readily available and confidentiality is required.

Emergency information requires a parent or guardian’s signature and must be complete and accurate. The information below should be updated each school year:

Permission must be obtained from a parent or guardian for school personnel to use their best judgment in extreme emergencies when a health care provider, parent, guardian or alternate adult cannot be reached. Copies of signed permission slips should be kept in the health office, and school staff must know where they are. Information on students should be available when they are on field trips and at athletic events or other activities away from school.

Student’s name

Emergency phone number

Parent’s name

Parent’s name

Guardian’s name

Alternate adult to be called in case of emergency

Alternate’s emergency telephone number and address

Family primary care provider

Provider’s address and telephone number

Any unusual medical conditions (such as diabetes, epilepsy, unusual blood condition, use of medication, allergies to drugs, foods, insects, etc.)

Parent or guardian’s signature

Emergency Information on Each Student



Sickness and Injuries at School

Notify parents of emergency IMMEDIATELY

Emergency Telephone Numbers

Emergency: **911**

Washington Poison Center: **1-800-222-1222**

County Health Department:

Police:

Hospital:

Supplies and Equipment

Recommended Supplies

absorbent cotton
adhesive and scotch tapes
antiseptic (for cleaning counters and beds)
bandaids
beeswax and "save-a-tooth" bottle
bleach
disposable vinyl gloves (avoid latex)
elastic bandages (2", 4", 6")
eye bandages
gauze squares (2" x 2", 3" x 3")
ice bags or instant cold packs
 (frozen damp sponges or frozen damp cloths
 in plastic bags may substitute)
paper bags, cups, towels
roller bandage (1", 2" wide)
rubbing alcohol
safety pins
saline solution (sterile)
soap (mild liquid)
splints (cardboard or wooden for arms
 and legs in children's sizes)
tongue blades
triangle bandages

Recommended Equipment

blankets
cabinets and counter space
cots, pillows, disposable covers
desk and chairs
filing cabinets for records & reports
flashlight and batteries
locking cabinet for medications
oral thermometers
Red Cross first aid textbook
refrigerator
scissors (bandage and cuticle)
sink with hot and cold running water
sphygmomanometer (optional)
stethoscope
telephone
toilet facilities
tweezers
wash basin and emesis basin
waste containers, plastic bags
wheelchair

It is not recommended to stock any medications. They should be given only when provided by parent and prescribed by a primary care provider (RCW 28A.210. 260 and 270 and district policy). A statement signed by parent and provider authorizing use of medications should be kept at school and should be updated annually.

Universal Precautions Against Blood and Other Body Fluids

Use disposable vinyl gloves any time your hands could come in direct contact with blood, body fluids or body wastes. Keep a supply of disposable gloves in stock. Do not reuse gloves. Avoid latex gloves because of potential latex allergies.

Avoid contact with body fluids. For example, have the student hold a cloth and apply pressure to a bloody nose or minor cut, or, if the student is not able to do this, place a barrier

between you and the body fluids. Disposable gloves, a cloth, paper towels or tissues can be used as barriers.

Dispose of barrier materials in a leak-proof, bag-lined waste container. Tie off the bag and label it: “Contains bloody materials.” Clean any reusable barrier materials and surfaces in a solution of 10 parts warm water to one part bleach.

Always wash your hands thoroughly with soap and warm water after removing gloves and when you are finished helping an injured student.

Emergency Medical Care

Serious medical emergencies:

- Choking
- Difficulty breathing
- Shock due to excessive bleeding, severe pain, insulin reaction, fracture
- Bleeding that is difficult to control (such as from womb in a pregnant student)
- Unconsciousness or altered levels of consciousness

Do not try to deal with extreme emergencies by yourself. Get help! While you give first aid, someone else should call 911 and notify parents.

IMMEDIATELY: Call 911. Do not hang up the telephone until the emergency person has all necessary information. Give specific directions for finding the student. If possible, have someone meet the emergency team when they arrive and direct them to the exact location.

Give appropriate first aid.

If breathing is impaired or significant head or neck injury is suspected, **do not move the student.**

Call the parents. Describe the accident and extent of injury. Obtain information for action from the parent:

- Recommended medical facility and/or primary care provider
- Request a parent accompany the student or meet him/her at the medical facility

If the parents cannot be reached, telephone the person given as “alternate emergency number” and the primary care provider listed on student’s record card. Give the name and condition of the student and request instructions from the primary care provider.

Do not delay medical care because the parents, provider or alternate cannot be reached. Use your best judgment.

Telephone the medical facility and tell them a student is on the way. Give them the child’s name and condition. Provide the following information to the facility:

- How the student will be transported
- name, age, sex, parent’s name
- nature of the injury
- condition of the student
- name of primary care provider

Do not use a personal car or school car for transporting a critically ill or injured student. **Call 911** for transport. If a private or school car is the only option, be sure that another staff person or parent accompanies the driver and child.

If parents cannot be located, a school staff person should accompany the student in the emergency vehicle or follow in a car.

If parents have not been located before student is transported, a school staff person should continue to call parents until they have been reached. Inform parents about the incident and procedures being followed.

A written record of the incident should be completed immediately.

Abdominal Pain, Menstrual Discomfort, Pregnancy

Abdominal Pain

IMMEDIATELY: Have the student lie down in a comfortable position. Give no medication or anything by mouth. Abdominal pain may be a symptom of appendicitis. If pain is severe, **call 911** and treat as **Emergency Medical Care**—see the tab below. **Notify parents.**

If pain continues or occurs often, advise parents to consult their primary care provider, especially if it is associated with nausea, vomiting or fever. In younger children, abdominal pain may be relieved by going to the bathroom.

Menstrual Cramps

IMMEDIATELY: If there is excessive bleeding and symptoms of shock (drowsiness, confusion, skin that feels clammy, etc.), or bleeding that is not normal menstruation (possible miscarriage) **call 911** and treat as **Emergency Medical Care**—see the tab below. **Notify parents.**

For mild cramps: Encourage the student to continue her activities except for the most strenuous physical activity. If pain persists, or if the student asks, have her lie down in the health room.

Advise parents to have primary care provider evaluate recurrent severe pain and approve all medication.

Pregnancy

IMMEDIATELY: If the student shows signs of shock (such as sweating, nausea, etc.), severe vaginal bleeding, abdominal pain or other distress, **call 911** and treat as **Emergency Medical Care**—see the tab below. **Notify parents.**

Bite or Sting, Ingestion of Poison or Drugs, Poisonous Plants

Dog, Bat or Other Animal Bite

IMMEDIATELY: Cleanse wound with soap and warm water, then cover with dry dressing. **Notify parents** and advise them to consult primary care provider **immediately** about treating the wound. Check the student's immunization record for the date of last tetanus shot.

By law, the biting incident must be immediately reported to the local health district or department. A careful description of the biting animal will help authorities locate and quarantine it. Any contact with a bat must be reported, even if there is no apparent bite.

Snake Bites

IMMEDIATELY: Poisonous—Have the student lie down and stay quiet. **Call 911** for treatment and transport. **Non-poisonous**—Treat as a puncture wound. **Notify parents** and advise them to consult their primary care provider.

Ticks

IMMEDIATELY: If tick is attached, position tweezers flat or parallel to the skin. Grab the entire head and body of the tick. Pull out in one motion without twisting the tweezers. If possible, save the tick for identification. Clean the bite area with soap and water. **Notify parents** and advise them to consult their primary care provider.

Insect Bite or Sting

IMMEDIATELY: Call 911 if student has a history of severe reaction to an insect bite or sting. If the student has medication prescribed by his/her primary care provider for insect bites, administer it. **Notify parents.** Remove the stinger with a scraping motion. Thoroughly cleanse the area with soap and warm water.

If student does not have a severe reaction, remove stinger and apply a cold compress to the affected area.

Use of Kits Containing Injectable Epinephrine

An anaphylactic reaction to an insect sting or bite can result in death in 15 minutes or less in a sensitive person. Epinephrine should be used to prevent a reaction and may be lifesaving.

Students with a history of allergic reactions to insect stings or bites are at great risk of anaphylaxis. This history should be noted on the student's emergency card.

Bees, yellow jackets, hornets, and wasps pose the greatest threat. There is a cross-reactivity to fire ant bites.

School nurses should train other staff in recognizing the systemic reaction of anaphylaxis and how to use kits containing injectable epinephrine.

Ingestion of Poison or Drugs

IMMEDIATELY: If a harmful substance is swallowed, **call the Washington Poison Center 1-800-732-6985.** Follow their instructions, then **notify parents.**

If the student appears intoxicated and drug or alcohol use is suspected, keep student in health center under constant observation. **Notify parents** to come for student.

School administrators should establish policies to:

- Deal with students in case of drug use
- State the school's responsibility for the student
- Determine action to be taken

Poison Ivy, Oak, Sumac

IMMEDIATELY: Thoroughly cleanse skin with soap and warm water to remove the oils that cause the irritation. Rinse with clear water and dry.

Have the student change out of contaminated clothing and send the clothes home in a plastic bag with a note. Call the poison center for additional information and instructions. **Notify parents.**

Back and Neck Injury, Fracture or Sprain, Head Injury

Back and Neck Injury

IMMEDIATELY: Do not move the student. Keep warm and quiet. Treat for shock if necessary. **Call 911** and treat as **Emergency Medical Care**—see the tab below. **Notify parents.**

Fracture or Sprain

IMMEDIATELY: Keep the student warm and as comfortable as possible. Do not move unless absolutely necessary.

For fractures, treat as **Emergency Medical Care**—see the tab below.

Call the school nurse or other staff member responsible for first aid. If it is necessary to move the student, give firm and gentle splinting support to the injured part. A pillow, folded blanket or magazine may be used as a splint if a wooden or cardboard splint is not available. **Notify parents.**

For sprains, treat using Rest, Ice, Compression and Elevation (RICE). Advise parents to take the student to their primary care provider.

Head Injury

IMMEDIATELY: Have the student lie down without a pillow and keep him/her warm and quiet. If the student becomes unconscious, exhibits altered levels of consciousness (sleepiness, confusion, etc.) or shows signs of shock, **call 911** and treat as **Emergency Medical Care**—see the tab below. **Notify parents.** Observe the student closely for further symptoms until the student is under medical or parental care. Advise parents to consult their primary care provider.

Dental Emergency

Possible Fractured Jaw

IMMEDIATELY: Call 911. Immobilize jaw by any means (handkerchief, necktie, towel) being careful not to obstruct airway. **Notify parents.**

Knocked Out Permanent Tooth

IMMEDIATELY: Use disposable gloves. Handle the tooth by its crown—not by its root. Carefully flush the tooth with cold milk or saline solution to remove debris. Do not pick or pull tissue fragments off the tooth. Gently insert the tooth back into its socket. If you are unable to insert the tooth into the socket, place the tooth in a “save-a-tooth kit” or a small closed container of milk to carry to the dentist. **Notify parents** and have them take the student to a dentist immediately.

Broken Tooth

IMMEDIATELY: Try to clean dirt or debris from injured area with warm water. Place cold compresses on face next to the injured tooth to minimize swelling. **Notify parents** and have them take the student to a dentist immediately.

Toothache

IMMEDIATELY: Rinse the mouth vigorously with warm water to clean out debris. Use dental floss to remove any food that might be trapped—especially between teeth. If swelling is present, place cold compresses on the outside of the cheek. **Do not use heat. Notify parents** and have them take the student to a dentist.

Orthodontic Problem—Braces and Retainers

IMMEDIATELY: If a wire is embedded in the cheek, tongue or gum tissue, do not attempt to remove it. **Notify parents** and have them take the student to their orthodontist immediately.

If a wire is causing irritation, cover the end of the wire with a small piece of cotton or gauze. Notify parents to take the student to the orthodontist.

If student has a loose or broken appliance, notify parents to take the student to the orthodontist along with any pieces of the appliance.

Injured Cheek, Lip or Tongue

IMMEDIATELY: Use disposable gloves. Clean the wound. If bleeding, have the student apply direct pressure with clean gauze or cloth. Apply ice to bruised areas. If swelling is present, apply cold compresses. If bleeding does not stop after 15 minutes or cannot be controlled by direct pressure, treat as **Emergency Medical Care**—see the tab below. **Notify parents.**

Object Wedged Between Teeth

IMMEDIATELY: Do not try to remove a sharp or pointed object. **Notify parents** and have them take the student to a dentist or primary care provider.

Otherwise, try to remove the object with dental floss. Guide the floss in carefully to avoid cutting the gums. If you cannot remove the object, **notify parents.**

Bleeding, Minor Abrasion or Puncture Wound, Nosebleed, Splinter

Bleeding

IMMEDIATELY: Put on disposable gloves. **Call 911** in case of profuse bleeding. Control the bleeding by having the student apply direct pressure to the injury with a clean dressing or cloth. Elevate the bleeding part. **Notify parents.**

In case of hemorrhage, **call 911** and treat as **Emergency Medical Care**—see the tab below. Do not use a tourniquet except in rare situations such as a severe life threatening hemorrhage which cannot be controlled otherwise. Only trained staff should use a tourniquet.

Minor Abrasion or Puncture Wound

IMMEDIATELY: Use disposable gloves. Control bleeding with direct pressure. Cleanse abrasions with soap and warm water. **For puncture wounds do not use soap or try to pick out debris**, but cleanse with plenty of water. Apply sterile gauze dressing or bandaid. **Notify parents** to consult their primary care provider. Check the student’s record for the date of last tetanus shot.

Nosebleed

IMMEDIATELY: Use disposable gloves. Have the student apply direct pressure by pinching nostrils together for five minutes without stopping. This will usually stop the

bleeding. Student may sit upright or with head tilted slightly forward to avoid blood running down the throat and to encourage clotting. Loosen collar. Caution the student not to blow his/her nose. Allow the student to rest before returning to class. **If bleeding continues, notify parents.**

Splinter

IMMEDIATELY: Use disposable gloves. Remove slivers or splinters close to the surface with clean tweezers. Cleanse the area with soap and warm water before and after removal.

For a deeply embedded splinter, **notify parents** and advise them to have their primary care provider remove the splinter.

Bleeding, Minor Abrasion or Puncture Wound, Nosebleed, Splinter

Eye Injury, Object in Throat, Eye, Ear, or Nose

Wound or Bruise to Eye

IMMEDIATELY: Treat as **Emergency Medical Care**—see the tab below. **Notify parents.**

Chemical in Eye

IMMEDIATELY: Irrigate the eye with clean water for at least 15 minutes. Tilt the head toward the injured side, hold the eyelid open, and slowly pour water into the inner corner of the eye. **Never apply water directly on eyeball.** Treat as **Emergency Medical Care**—see the tab below. **Notify parents.**

Hot Metal Burn on Eye

IMMEDIATELY: Do not irrigate. Apply sterile pad loosely but securely over eye. Treat as **Emergency Medical Care**—see the tab below. **Notify parents.**

Object in Throat

Obstructed Airway—Conscious

IMMEDIATELY: If student cannot cough or speak:

- Use the Heimlich Maneuver
- Repeat until effective

If student loses consciousness, see “Obstructed Airway—Unconscious.”

Obstructed Airway—Unconscious

IMMEDIATELY: Have someone else call 911. Position student to open the airway. If a neck injury is suspected, use the jaw thrust. If there is no neck injury, use the neck or chin lift with the head tilted.

- Check to make sure the student is not breathing
- Attempt to ventilate
- If unable to ventilate, reposition the head and try to ventilate again. Try alternate methods to open the airway.
- If still unable to ventilate, try:
 1. 5 manual thrusts to the abdomen or chest
 2. Finger sweep, face up, tongue jaw lift
 3. Attempt to ventilate again
- Repeat above sequence (1, 2, 3) until you are able to ventilate.

Treat as **Emergency Medical Care**—see the tab below. **Notify parents.**

Object in Eye

IMMEDIATELY: Flush running water into the corner of eye. Once the object is out, **notify parents** and advise them to consult their primary care provider.

If object does not come out, treat as **Emergency Medical Care**—see the tab below. Never use an instrument to remove an object from the eye. Do not allow the student to rub the eye. **Notify parents.**

Object in Ear

IMMEDIATELY: Do not probe with any instrument. All objects should be removed by the student’s primary care provider. **Notify parents** and advise them to go to their primary care provider.

Object in Nose

IMMEDIATELY: All objects should be removed by the student’s primary care provider. **Notify parents** and advise them to go to their primary care provider.

Blister, Burn, Chemical Burn

Blister—Other Than From a Burn

IMMEDIATELY: If a blister is in an area that will continue to be irritated, apply a sterile, dry dressing. Do not open the blister. If the blister has opened, put on disposable gloves and wash with soap and warm water. Air dry and then apply a sterile, dry dressing.

If the blister is inflamed or infected, advise parents to consult their primary care provider.

Burn

IMMEDIATELY: For extensive or severe burns, treat for shock and call 911. Do not give the student water to drink. Place in horizontal position with head down and cover burned areas with clean dry cloths or towels. Do not use cotton balls, salves or ointments. Treat as **Emergency Medical Care**—see the tab below. **Notify parents.**

For a burn that causes reddened skin or small blistered area, immerse as soon as possible in cold or cool water for no more than a half hour. Place under cold running water or apply a cold pack. Then apply dry, sterile compresses to provide immediate relief from pain and allow faster healing. **Notify parents.**

Chemical Burn

IMMEDIATELY: Continuously wash burn for a minimum of 20 minutes with large quantities of cool to tepid water. Treat as **Emergency Medical Care**—see the tab below. **Notify parents.**

Important: Give the parents or the student a note with name of the chemical(s) that caused the burn so they can tell the primary care provider or hospital.

Alcohol or Drug Use, Mental Disturbance

Alcohol or Drug Use

Indicated by: Constricted or dilated pupils, drooling, inappropriate behavior, staggering, variable levels of consciousness, violent behavior, unresponsiveness in class, memory lapses.

IMMEDIATELY: Notify parents to come for the student. Keep the student in the health center under constant observation and monitor for overdose. If student loses consciousness, treat as **Emergency Medical Care**—see the tab below.

- School administrators should establish policies to:
- Deal with students in case of drug use
 - State the school's responsibility for the student
 - Determine action to be taken

Mental Disturbance

Indicated by: Irrational behavior, extreme agitation or belligerence, severe self-destructive behavior or threats to others.

IMMEDIATELY: Do not leave the student alone. Do not physically restrain the student unless there is a risk of injury to himself/herself or to others. **The student must be immediately placed in responsible hands, (such as the school principal or intervention specialist). Notify parents.**

Treat the student with patience, reassurance and firmness.

Communicable Diseases

IMMEDIATELY: Isolate the student. Have parents take the student home. Advise them to consult their primary care provider. A student with a known or suspected communicable disease should not be sent home on the bus.

Consult the **Infectious Disease Control Guide for School Staff** from the Office of Superintendent of Public Instruction. Additional consultation is available from the school nurse.

Any case of suspected communicable disease should be reported to the local health department, which has authority to institute appropriate measures under WAC 246-110.

For specific information refer to the following publications:

Control of Communicable Disease Manual
American Public Health Association
310-893-1894
www.apha.org – go to Books & Other Media

Immunization Manual for Schools, Preschools and Clinical Facilities
DOH Pub 348-043
(be sure you have the latest edition)
Washington Department of Health
Immunization Program
360-236-3595
P.O. Box 47843
Olympia, WA 98504-7843

Redbook
Report of the Committee on Infectious Diseases
American Academy of Pediatrics
888-227-1770
www.aap.org – go to the Bookstore and choose Clinical References under Professional Publications & Resources

Infectious Disease Control Guide for School Staff
State of Washington
Office of Superintendent of Public Instruction
360-725-6040
P.O. Box 47200
Olympia, WA 98504-7200

Earache, Fainting, Headache Not Associated with Injury, Nausea or Vomiting

Earache

IMMEDIATELY: Do not use oil or ear drops. Cotton may be placed at the opening of the ear to keep cold air out. A warm compress may be used to help reduce pain. If pain persists, **notify parents** and advise them to go to their primary care provider.

Fainting

IMMEDIATELY: Keep the student lying down. Loosen tight clothing around the neck. Make sure the student gets plenty of fresh air. Bathe the face with cold water. Give no liquids until the student is fully conscious in order to prevent choking. **Notify parents.**

Headache Not Associated with Injury
IMMEDIATELY: Give no medication. If the student is ill and has a headache, **notify parents** to take him/her home.

Otherwise, allow the student to lie down with a cold compress. Check for fever. If headache continues, **notify parents** and advise them to consult their primary care provider.

Nausea or Vomiting
IMMEDIATELY: Have the student lie down. Keep him/her warm and under observation for other symptoms. Give no fluids or food.

If nausea or vomiting continues, or other symptoms occur, **notify parents** and advise them to consult with their primary care provider.

Convulsion or Seizure, Insulin Reaction

Convulsion or Seizure

Indicated by: Mild loss of consciousness to severe uncontrolled movements of arms and legs while student is unconscious. A convulsion may be a symptom of the onset of serious illness, the result of head injury, or may be due to epilepsy or insulin reaction.

IMMEDIATELY: Place student on the floor on his/her side to prevent injury and choking. Do not put anything in the mouth. Loosen clothing around student’s neck and wrists and keep him/her warm. Do not try to restrain the student’s movements, but keep away from furniture to prevent injury. Note how long the seizure lasts. **Notify parents.** Do not move the student until quiet and relaxed.

If the student does not have a history of seizures, or if a seizure continues longer than five minutes, **call 911** and treat as **Emergency Medical Care**—see the tab below.

Insulin Reaction

Indicated by: Paleness, sweating, dizziness, confusion, uncoordinated movements, seizure and/or faintness in students taking insulin.

IMMEDIATELY: Position the student so that he/she will not fall to the floor, and keep airway open. If the student is unconscious, **call 911** and treat as **Emergency Medical Care**—see the tab below. **Notify parents.**

If the student is conscious and is able to swallow, give him/her 4–6 ounces of fruit juice.

If there is no improvement within 10 minutes, give more fruit juice. If there is still no improvement within another 10 minutes, or if the student can’t swallow, **call 911** and treat as **Emergency Medical Care**—see the tab below. **Notify parents.**

If the student improves, follow the fruit juice or sugar with longer acting foods containing starch and protein, such as a sandwich and milk.



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